

ALAMEDA COUNTY SUPERIOR COURT
COURT INVESTIGATOR'S OFFICE
125-12th Street ROOM 390
OAKLAND, CA 94607
(510) 272-6010
510-451-1708 FAX

PROBATE GUARDIANSHIPS - PROBATE CODE DIVISION IV
IMPORTANT INFORMATION REGARDING YOUR FILING - PLEASE READ

The Court Investigator conducts investigations and prepares reports on all petitions for appointment of a guardian except if the proposed guardian of the person is a non-relative. In that case Alameda County Social Services conducts the investigation and prepares the report. The Court Investigator is automatically notified by the Clerk of the Court when a petition is filed. You do not need to send copies of the papers you file to the Court Investigator. You need to complete and mail a copy of the "Proposed Guardian Information Sheet" that is included in this packet. If you are not related to the child you will still need to send copies of the papers you filed with the court and the "Proposed Guardian Information Sheet" to Alameda County Social Services.

When filing a petition for a guardianship of the person or of the person and estate, two necessary steps must be completed with the Child Protective Services Department.

1. Copy of the petition and notice of hearing must be mailed to the Child Protective Services Department.
2. The form titled "Guardianship Screening Pursuant to Probate 1516" must be completed and returned to the Child Protective Services Department. (The petition, notice of hearing, and pink screening sheet should be mailed directly to:

**Child Protective Services, K-292
P.O. Box 1769
Oakland, CA 94604-1769**

If the above forms are not received in a timely fashion, to allow time for the required investigation, there can be a delay in the Court hearing.

Pursuant to Probate Code Section 1542, when filing a petition to establish a guardianship of the person when the proposed guardian is a non-relative, a copy of the petition and notice of hearing must also be mailed to:

**Director of Social Services
744 P Street, M.S. 19-31
Sacramento, CA 95814**

PROPOSED GUARDIANS INFORMATION SHEET
INSTRUCTIONS

Please read these instructions carefully. They contain important information that will assist you in completing this form and about your guardianship.

When completing this form please keep in mind that the term "proposed guardian" refers to the person who wants to become the guardian. The term "proposed wards" or "ward" refers to the child you are asking to become the guardian for. The term "petitioner" refers to the person who signed the petition asking the court to appoint a guardian.

All proposed guardians are required to complete this questionnaire and return it to the Court Investigator's Office or Child Protective Services - Guardianship Unit. This information will be used for preparation of the report to the Court on your petition for guardianship.

Please fully complete the information requested. The proposed guardian is expected to answer all questions honestly. On the last page you will be required to sign the form and declare, under penalty of perjury, that all the information you have provided is true and correct.

This form should be completed by the proposed guardian. If someone else assists the guardian or types the form for the proposed guardian please indicate this on the last page of the form.

If you are asking to be appointed as guardian of the person a home visit will be required. All persons who live in the home must be present during the home visit. A court investigator or social worker will contact you to make an appointment shortly after this form is returned. If the form is not returned promptly a delay in your court hearing will be necessary.

There is a fee for the Court Investigation. It is currently \$450.00 and can be paid from the estate of the ward, if there is one. The law allows the fee to be collected from the proposed guardian or parent. The fee is waived under certain circumstances based on financial inability to pay. You must obtain a waiver of court fees and costs under the "in forma pauperis" procedure available through the Clerk of the Court. In some cases you may be allowed to make arrangements for monthly payments. This is handled by Alameda County Central Collections.

1. FOR GUARDIANSHIP OF THE ESTATE ONLY: COMPLETE SECTION I, III, & VI. Also complete SECTION IV if you are not the parent of the child you are seeking to be appointed as guardian of the estate for.
2. FOR GUARDIANSHIP OF THE PERSON OR PERSON AND ESTATE, COMPLETE THIS ENTIRE FORM.
3. IF THE PROPOSED GUARDIAN IS A RELATIVE, SEND THIS FORM TO THE COURT INVESTIGATOR'S OFFICE. IF THE PROPOSED GUARDIAN IS A NON-RELATIVE SEND IT TO CHILD PROTECTIVE SERVICES.
4. IF YOU HAVE ANY QUESTIONS ABOUT FILLING OUT THIS FORM PLEASE CALL THE COURT INVESTIGATOR'S OFFICE AT (510) 272-6010.

Upon completion of this form mail it to:

COURT INVESTIGATOR'S OFFICE
125-12th STREET, ROOM 390
OAKLAND, CA 94607

CHILD PROTECTIVE SERVICES, K-292
P.O. BOX 1769
OAKLAND, CA 94604-1769

GUARDIANSHIP OF THE PERSON _____ ESTATE _____
PROBATE NO. _____
HEARING DATE: _____
NAME OF PROPOSED WARD(S): _____
DATE OF BIRTH(S): _____

1. Is/has proposed ward been a dependent child of the Juvenile Court? ☐ YES ☐ NO
2. Is the child subject to any existing legal custody orders? ☐ YES ☐ NO
If yes, circle the type of order: guardianship, dissolution, paternity, juvenile court, adoption proceedings. Provide the date of the order, case number and the county and state where the proceeding took place: _____
3. Does someone object to this petition? ☐ YES ☐ NO
If so, who? _____
4. Are you related to the child? ☐ YES ☐ NO
If yes, are you related to the child's ☐ Mother ☐ Father
Related by: ☐ Blood ☐ Marriage
How are you related, (for example mother's sister) _____
If No, how do you know the child? _____
5. Explain why the guardianship is needed? _____

6. When did the child(ren) come to live with you? Explain the circumstances that led to the child(ren) coming to live with you? _____

SECTION I

SOCIAL HISTORY OF PROPOSED GUARDIAN (Probate Code 1513(a)(1)): (This information is about the person(s) who wants to be the guardian. Please provide complete information for each proposed guardian.)

	Guardian #1	Guardian #2
Name(s)	_____	_____

Telephone No. Work: _____
Telephone No. Home _____
Address: _____

If you have lived at this address for less than five years, please list your previous addresses:
Guardian #1 Guardian #2

Guardian #1

Guardian #2

Date of Birth: _____
Place of Birth: _____
Social Security No.: _____
Driver's License No.: _____

MARITAL HISTORY:

Married
Single

Common Law
Separated

Live InWidowed
Divorced

Guardian #1

Guardian #2

Present Spouse's Name: _____

Were you previously married? ☐ YES ☐ NO ☐ YES ☐ NO

If yes, provide name(s) of previous spouse(s) and date of divorce or death that ended the marriage.
Guardian #1 Guardian #2

List **your** children (even if they are adults and not living with you. Also provide their date of birth, address, and whether they have ever been convicted of a crime)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Are there any circumstances which may affect your ability to act as a guardian? (For example, do you suffer from any health problems or mental illness, does your job require frequent travel?)
☐NO ☐ YES (Describe) _____

HEALTH CONDITION: Please describe any health or mental problems.

Guardian #1	Guardian #2
_____	_____

Are you under a doctor's care?	Guardian #1 _____	Guardian #2 _____
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Have you ever been in counseling?	Guardian #1 _____	Guardian #2 _____
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Reason for counseling:	Drugs	Alcohol	Grief	Domestic Violence	Other
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Guardian #1	Guardian #2
_____	_____

Explain:	_____	_____
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EDUCATIONAL HISTORY:

	Guardian #1	Guardian #2
Last grade completed:	_____	_____
Where:	_____	_____
College & Degree:	_____	_____
Other courses taken:	_____	_____
	_____	_____

MILITARY HISTORY:

Date Entered:	_____	_____
Date Discharged:	_____	_____

EMPLOYMENT:

Are you employed?	_____	_____
Are you retired?	_____	_____

Current employer: _____

Length of employment: _____

Title, Job responsibilities/duties: _____

If you are retired or have been at your current employment for less than five years please list your previous employer including the dates of your employment:

Guardian #1	Guardian #2
_____	_____
_____	_____
_____	_____

Current Interests:	Guardian #1	Guardian #2
	_____	_____
	_____	_____

SECTION II

APPROPRIATENESS OF THE HOME ENVIRONMENT:

Describe your home and accommodations for the proposed ward(s). Number of bedrooms, baths.

Will proposed ward(s) have own room or bed, shared, with whom? _____

Do you own any guns or other weapons? Guardian #1 _____ Guardian #2 _____
If yes, please describe how they are stored _____

OTHER CHILDREN IN THE HOME: (under 18 years of age)

(Give names, dates of birth, school attending, relationship to proposed ward and proposed guardian)

1) _____
2) _____
3) _____

OTHER ADULTS IN THE HOME: (18 and over)

(Give names, dates of birth, social security number, employer or school attending, relationship to proposed ward and proposed guardian)

- 1) _____
- 2) _____
- 3) _____

Does any adult in the home have any problem that could affect the minor, for example, criminal background, violent behavior, alcohol or drug problem? ☐ NO ☐ YES

Explain, _____

How do family members feel about having proposed ward(s) in the home? Does anyone in the home object to the guardianship? _____

REFERENCES:

Please list **three references** who have known you at least five years and are not relatives. - **Give complete names, complete address including zip codes and daytime phone numbers**. We will be sending letters or contacting them so please notify them.

- 1. _____
- 2. _____
- 3. _____

SECTION III

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

Income:	Guardian #1	Guardian #2
Gross monthly pay (wages/retirement)	_____	_____
Net monthly pay (wages/retirement)	_____	_____
Other monthly income:	Amount	Amount
Welfare	_____	_____
SSI	_____	_____
Unemployment	_____	_____
Spousal/Child Support	_____	_____
Investments	_____	_____

Unemployment _____
Spousal/Child Support _____
Investments _____

Financial Resources

Checking Accounts ☐ YES ☐ NO Balance _____
Savings Accounts ☐ YES ☐ NO Balance _____
Other Investments ☐ YES ☐ NO Value _____

Expenses:

Name(s) of person(s) you support _____

Rent _____/month Mortgage _____/month

Large Debts/Car Payment _____

Total monthly expenses _____

Are you able to financially support the proposed ward? ☐ YES ☐ NO

If no, what assistance will you receive? _____

Have you applied or are you receiving assistance for this child ?

	YES	NO	
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	Amount _____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Amount _____
Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Amount _____

Is someone else, such as a parent, receiving the above benefits for the child(ren)?

☐ UNKNOWN ☐ YES ☐ NO

If yes, please explain: _____

SECTION IV

INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):

The Court Investigator may need to contact the parents so current information is needed.

Father's Name: _____

Date of Birth: _____ Date of Death: _____

Address: _____

Phone Number: _____

Employed at: _____

SSN: _____ Approximate Income: _____

Is father paying child support? ☐ NO ☐ YES Amount _____

Does proposed ward(s) see natural father? ☐ YES ☐ NO

Explain: _____

Is the father in agreement with this proceeding? ☐ YES ☐ NO

Mother's Name: _____

Date of Birth: _____ Date of Death: _____

Address: _____

Phone Number: _____

Employed at: _____

SSN: _____ Approximate Income: _____

Is mother paying child support? ☐ NO ☐ YES Amount _____

Does proposed ward(s) see natural mother? ☐ YES ☐ NO

Explain: _____

Is the mother in agreement with this proceeding? ☐ YES ☐ NO

To petitioner's knowledge are natural parents:

Involved in drugs? YES/NO Which parent _____

In jail? YES/NO Which parent _____

Location _____

Is either parent in the military or working in another state or country? ☐ YES ☐ NO

SECTION V

SOCIAL HISTORY OF THE PROPOSED WARD(S):

NAME	DATE OF BIRTH	SEX
------	---------------	-----

1. _____

2. _____

3. _____

Social Security Number

1. _____ 2. _____

3. _____

Place of Birth

1. _____ 2. _____

3. _____

Please provide the following information about where the child has lived for the past five years:

Period of residence
(month/year)

Address

Name/Relationship of person
child lived with

Please describe the child's adjustment to your home? _____

Does proposed ward(s) have brothers and sisters?

☐ YES

☐ NO

If yes, provide names, ages and with whom do they live? _____

Does the proposed ward visit his/her siblings? ☐ YES

☐ NO

Are there any specific religious or cultural heritage, such as Native American ancestry, that would be a factor in future plans? _____

Has the child(ren) been subjected to abuse, neglect, or abandonment?

☐ UNKNOWN

☐ YES

☐ NO

Explain: _____

SCHOOL AND/OR DAY CARE:

(Please contact school or daycare and let them know that an investigator from this office will be contacting them)

Name _____

Address _____

Phone Number _____ Fax Number: _____

Teacher's Name _____

Grade level _____ Is Daycare Licensed? _____

Current academic status - Describe how the child is doing in school. Attach recent report card if available. _____

Describe any problems with peers, teachers or social adjustment in school _____

In school activities _____

Outside school activities _____

Any special educational needs of proposed ward(s) known to petitioner? ☐ YES ☐ NO

Describe _____

Is child receiving Special Education/Resource Services? ☐ YES ☐ NO

Describe _____

Is the child receiving services through the Regional Center? ☐ YES ☐ NO

If yes, please provide the name of the social worker/case manager

If there are special needs, please describe your plans to provide for those needs: _____

MEDICAL/HEALTH CARE:

(Please contact doctor/counselor. Let them know we will be contacting them.)

Doctor's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Medical Insurance: _____ Medical Number: _____

Date of last examination _____

Are you aware of any serious illnesses, hospitalizations, physical or developmental disabilities, etc.?

☐ YES ☐ NO

If yes, explain your plan to meet the child's needs: _____

Are you aware of any behavior, emotional or psychological problems? ☐ YES ☐ NO

Describe _____

Has the proposed ward(s) received counseling in the past? ☐ YES ☐ NO

If yes explain any details: _____

Is proposed ward(s) still receiving counseling? ☐ YES ☐ NO

How often? _____

Name of counselor: _____

Address: _____

Phone Number: _____ Fax Number: _____

If developmental, emotional or psychological needs are known to the proposed guardian, please describe your plan to meet the child's needs: _____

SECTION VI

GUARDIANSHIP OF THE ESTATE:

If you are asking to be appointed guardian of the estate, please provide the following information about the minor(s) estate.

Please indicate the source of the money or property:

☐ Inheritance - Attach a copy of will or provide the name and case number of the deceased person's estate and state and county where the estate is being administered _____

☐ Gift - Please identify who the gift is from _____

☐ Personal Injury Settlement - Please provide the case number, the county and state where the case was settled _____

☐ Other, describe _____

Please describe the minor's estate and the value of the estate:

☐ Real Property - Address _____
Value of minor's interest \$ _____

☐ Cash, \$ _____ Location _____

☐ Stock/Bonds \$ _____ Location _____

☐ Other, describe _____

Please describe your plans for managing the estate, for example, blocked account, investments, rental of real property _____

Does the minor have money in his/her own account or held jointly? ☐ YES ☐ NO
If yes, indicate source of money, balance and names on joint accounts: _____

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, Court costs/fees and other expenses)? ☐ YES ☐ NO

If yes, describe what you will request the court to approve _____

Please provide the name, address and phone number of one person who will always know how to get in contact with you.

Name of Attorney or Person assisting with completion of this form _____

Address _____

Phone Number _____ Fax Number _____

I/We declare under the penalty of perjury that the foregoing is true and correct. Executed in _____
_____ California on _____.

Signatures _____

revised 1/02

GUARDIANSHIP SCREENING PURSUANT TO PROBATE CODE 1516

ATTORNEY OF RECORD – IMPORTANT:

GUARDIANSHIP OF: PERSON [] PERSON and ESTATE [] ESTATE []

IN ORDER TO PREVENT ANY DELAY IN YOUR HEARING, ATTORNEY OF RECORD MUST COMPLETE PAGE ONE OF THIS FORM IN ITS ENTIRETY AND FORWARD WITHIN **FIVE DAYS** TO:

CHILD PROTECTIVE SERVICES, K-292
P. O. Box 1769
Oakland, CA 94604-1769
(510) 587-4100

A COPY OF THE WARD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS FORM.

***IT IS ESSENTIAL THAT THE RELATIONSHIP AND DATE OF BIRTH OF THE PROPOSED GUARDIAN(S) BE PROVIDED.**

Probate Number: _____ Hearing Date: _____

Name(s) of Proposed Ward(s): _____

Date(s) of Birth: _____

Address: _____ Phone Number: _____

Is this child a ward of the Court or on probation? YES/NO

Name of proposed guardian(s): _____

Date(s) of Birth: _____

Address: _____ Phone Number: _____

*How are you related to the minor child(ren)? _____

*Are you related to the mother or father of the minor child(ren)? _____. Is this relationship by blood or marriage? _____

Natural Parents: _____

Date(s) of Birth: _____

Address: _____

Do you know of anyone who will object to this guardianship? If so, who: _____

Attorney of Record: _____

Address: _____ Phone Number: _____

****ATTORNEY: This document will be forwarded directly to the Court from Child Protective Services.****

DEPARTMENT OF SOCIAL SERVICES USE ONLY

[] NO INFORMATION AVAILABLE

[] INFORMATION AVAILABLE

(GP3)

Title 1516

FOR SOCIAL SERVICE DEPARTMENT USE ONLY

GUARDIANSHIP OF: _____

PROBATE NUMBER: _____

HEARING DATE: _____

SUMMARY OF INFORMATION